

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

7761

BIRTH NO. <u>13180-50</u>		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>362</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>812 So. 11th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u> b. (Middle) <u>Lee</u> c. (Last) <u>Richey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-50</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N</u>		8. DATE OF BIRTH <u>3-17-50</u>	
9. AGE (In years last birthday) <u>19</u>		10. MONTHS <u>1</u>		11. DAYS <u>19</u>		12. HOURS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>ST. Joseph Mo</u>			
11. BIRTHPLACE (State or foreign country) <u>0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Rose Lee Richey</u>				13b. MOTHER'S MAIDEN NAME <u>Rose Mary Sturm</u>			
14. NAME OF HUSBAND OR WIFE <u>Mr. Rose Lee Richey</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Rose Lee Richey</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21e. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>3-17</u> , 19 <u>50</u> , to <u>3-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>50</u> , and that death occurred at <u>12:45 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Allen I. Ierman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>620 FRANCIS ST.</u>			
23c. DATE SIGNED <u>3-20-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>March 18, 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Benny Turner</u>			
DATE REC'D BY LOCAL REG. <u>3-24-50</u>				REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Victor J Barry*

Licensed Embalmer No. *4212*

P. O. Address *St Joseph mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.